

Hypnoaversion Treatment in Alcoholism, Nicotinism and Weight Control

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FOR MANY years, I was interested in the outstanding discoveries of Ivan Pavlov in explaining both cerebral and psychosomatic conditioned associative reflexes and responses.¹ In 1959, I published a preliminary report on my investigations into the treatment of alcoholism by means of induced aversion under hypnosis.² To my surprise I had discovered earlier that Pavlovian type conditioned associative responses could be rapidly established while a patient was in a hypnotic trance. Such conditioned responses were achieved in some instances after only one or two sessions.³ Usually, the effects were temporary and had to be reinforced periodically depending to some degree on the patient's responses.

Since there was a marked reduction in time sense and memory was facilitated (hypernesia), it was possible for patients to easily regress and relive past disagreeable experiences with marked intensity (revivification) as though they were actually being relived. This phenomenon I termed *deja senti*—or feeling what one had felt before.

PROCEDURE

The patients were hypnotized by my endogenic procedure and given strong suggestions that they would reexperience a previous nauseant episode of a toxic type, i.e., alcoholic hangover, food poisoning, intestinal flu, nausea of pregnancy, etc. while smelling or tasting alcoholic beverages, cigarettes (in nicotinism), or specific high caloric food (in obesity).

Suggestions were repeated that they would feel sick, nauseated and poisoned precisely as they had felt when they had the disagreeable past toxic nausea and vomiting.

The patient under hypnosis can only relive

what he had originally experienced. Therefore, suggestions should be given that the same precise past reactions will recur every time the patient smells or ingests the harmful substance. Thus, after being conditioned every time the drinker attempts to drink, he automatically relives his worst hangover experience.⁴ It has as a result been possible

Table 1. RESULTS

Problem treated	Number of patients	Percentage of patients found abstaining		
		After 1 mo.	After 3 mos.	After 1 yr.
Smoking	1000	90%	82%	68%
Alcoholism	150	92%	79%	62%
		Percentage of patients showing weight loss		
Weight control	100	91%	94%	93%*

*Of this group after 1 year 59% of the total patients achieved "marked" weight loss and 34% "partial" weight loss.

1. "Partial" weight loss is defined here as a loss within a range not exceeding 50% of the patient's desired weight loss; "marked" weight loss is indicated by a loss of 50-100% of the desired weight loss.

thus to cause alcoholics to become averse and disinterested in alcoholic beverages. For alcoholics rarely ever desire alcohol during the hangover phase. Similar aversions can be made to a number of harmful substances, in particular tobacco and to certain addictive drugs, i.e., heroin, morphine, etc. Treatment was administered weekly for four to six months depending on the patient's progress and then bi-weekly and then monthly (Table 1.).

In considering treatment, the following factors are of importance:

1. The selection of patients.
2. The training and skill of the hypnotherapist.
3. The ability to deal with resistance
4. The degree of cooperation and insight of the patient.
5. The susceptibility of the patient to hypnotherapy.
6. The frequency and duration of treatment.
7. Participation of the patient in individual and/or group therapy as an adjunctive treatment.
8. The availability of adequate follow-up treatment.

DISCUSSION

Hypnoaversion treatment has been highly effective in alcoholism in conjunction with disulfuram (Antabuse) at the onset and supplemented by group psychotherapy and social therapy. While under hypnosis etiology of psycho-social pathology underlying the drinking can be explored.

The tobacco aversion treatment has proved understandably of particular benefit in cardio-vascular disorders, in emphysema, in gastro-duodenal ulcers, chronic bronchitis, laryngitis, etc. In the treatment of nicotineism, a word of caution should be noted. It is important to give post-hypnotic suggestions that the patient will experience an aversion reaction only if a cigarette is put into the mouth or inhaled and not if exposed to others who are smoking.⁵

Hypnoaversion therapy aimed at diet and weight control has proven very beneficial, often when other procedures failed.⁶ The rationale is not only to create a strong aversion to high caloric foods, but to help the patient better tolerate and derive more pleasure from low caloric diets. It is clear that such an effective method of diet control can be of significant value in diabetes, cardio-vascular disease, obesity, in pregnancy and other conditions. It is to be noted that while the patient is under hypnosis, he should be strongly influenced to engage in enjoyable forms of exercise, tennis, swimming, cycling, rowing, dancing, etc. This is particularly important in that many overweight individuals have sedentary tendencies. Furthermore those doing more mental than physical work frequently tend toward obesity.

In my opinion the results of the hypnoaversion treatment can be significantly improved by the following steps:

1. Psychotherapy is encouraged due to the fact that obese patients usually have emotional problems underlying their excessive and compulsive eating. For example, frequently women married to rather undemonstrative husbands often tend to "comfort" themselves by overeating. Such patients benefit from the positive "strokes" that they receive in group therapy. This is to a large part responsible for benefits that obese women have obtained with the Weight Watchers and other reducing groups.

- Attempts are made to resolve these difficulties often by bringing the husbands into group therapy so that they can better comprehend the needs of their wives.

2. Suggestions are given to the patient to increase physical, recreational and work activities.

3. There is intensive follow-up treatment of the patient.

It is to be noted that hypnoaversion treatment does not cause the patient any conscious distress or discomfort. Patients generally describe the treatment as agreeable.

LITERATURE CITED

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PLAN TO REDUCE NUMBER OF SURGEONS

A plan to reduce the number of surgeons practicing in the nation's hospitals was being considered by the American College of Surgeons, at their annual meeting, in San Francisco last October. The plan calls for reducing from 2,600 to 2,000 the number of surgeons going into practice each year. To do this, the ACS would withdraw its approval of a number of surgical training programs, making it tougher for medical graduates, and particularly foreign medical graduates, to enter specialized training in surgery.

The plan is based on the Study on Surgical Services for the United States, released earlier last year by the American Surgical Association and the ACS. Implementation of the plan eventually would reduce the percentage of physicians specializing in surgery from the present 21 percent to 18 percent.

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